



HOURS OF WORK

NAME: _____
CLASSIFICATION: _____
ACCOUNT POSITION # _____
UNION CODE: _____

DIVISION: _____

LOCATION: _____

WORK WEEK (Circle One) 35 S 40 S NS

Indicate date flex schedule authorized: / /

SCHEDULED WORK HOURS EACH DAY (Check)

- ☐ Normal 8:30 AM – 4:00 PM (Fill in **B, C**) ½ Hr. Meal
☐ Flex Schedule (Fill in **A, B, C**) 1 or ½ Hr. Meal
☐ Part-Time (Fill in **A, B, C**)

SHIFT ASSIGNMENT (Circle One) 1ST 2ND 3RD

ELIGIBLE SHIFT DIFFERENTIAL? Yes No

PART-TIME SCHEDULE AUTHORIZED / / / TO / / /
M D Y M D Y

A. FLEX SCHEDULE OF WORK HOURS

	S	M	TU	W	TH	F	S
Start: AM							
End: PM							

B. SCHEDULED MEAL BREAK

	S	M	TU	W	TH	F	S
Start: AM							
PM							
End: AM							
PM							

C. SCHEDULED BREAKS 1ST / 2ND

	S	M	TU	W	TH	F	S
1 st AM							
AM							
2 nd PM							
PM							

Submitted By:

S/ _____ / /

Employee _____ Date

SUPERVISION AUTHORITY:

S/ _____

Name & Title of Divisional Authority responsible for employee supervision.

Approved/Disapproved:

S/ _____ / /

Human Resources Administrator

Date

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Next date to be reviewed